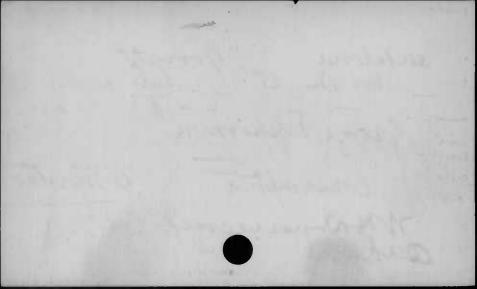
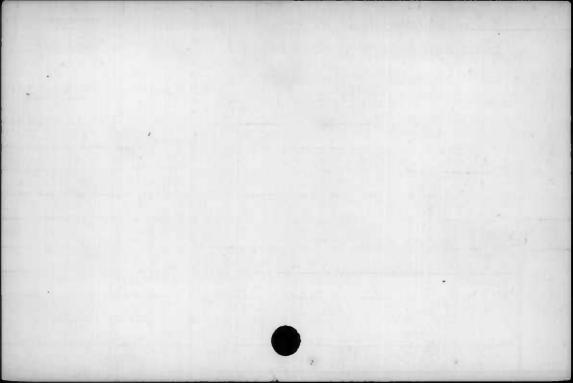
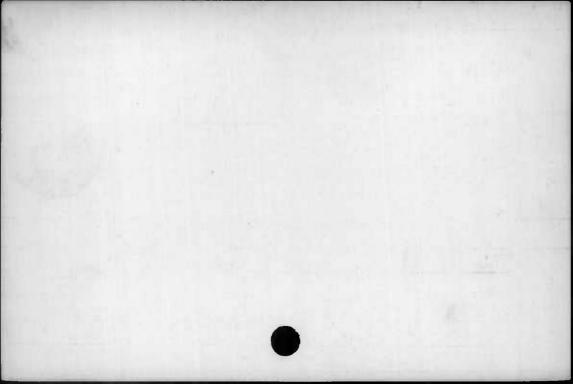
Name In Full Certificate of Death County Occupation Date 189 Mala Married Female Colored Widower Number of children living Single Husband Wife Eatherly Mother's Name Name-How long aick Cause of Primary Death Accident Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79989



in Full	7100	kom	Roles	Buriel Tur	Col Burning ERTIFIC	A methodist	
	Died at	Town	7	Coun	nty M.A	MARYLAND	
>	Date of death 19	Month	Day	Age	Months	Days	
ANSWERED BY	Sex		Color or Race		Birth- place		
	Occupation			Whare Residing if not at place of death			
	Married, Single or Widowed		Name of Wite or Husband				
TO BE	Father's Name				Father's Birthplace		
10	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving In formation				How related to deceased		
			CAUS	SES OF DEATH	1		
	Primary			STOLET Y	Howlong		
CORONER	Immediate			How long			
PHYSICIAN R CORONE		Are the name, age, sex, color. date and place correctly given above?					
9 G				Address			
	Accident or Suicid	de?			The Reput		
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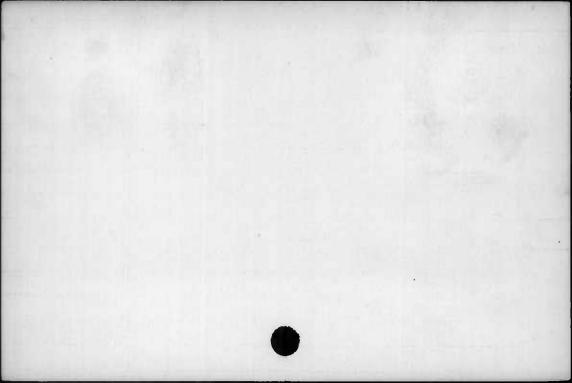
In Full	ukum	Body	in col.	metho dist Be	urying	CERTIFICA	TE OF DEATH	
	Died at	Town		Coun	nty 8	MAR	YLAND	
ВУ	Date of death 19	Month	Day	Age	Mor	Months Da		
FRIENG	Sex		Color or Race		Birth- place		8.	
	Occupation			Where Residing if not at place of death				
6044	Married, Single or Widowed		Name of Wile or Husband					
TO BE	Father's Name				Father's Birthplace			
	Mother's Maiden Name							
	Name of person girth formation	ving		How related to deceased				
			CAUS	SES OF DEATH	7			
	Primary				How long			
SICIAN	Immediate				How long	How long		
PHYSICIAN R CORONE	Are the name, age, and place correctly			Signature of Physician				
PHORO				Address				
	Accident or Suicid	ie?						
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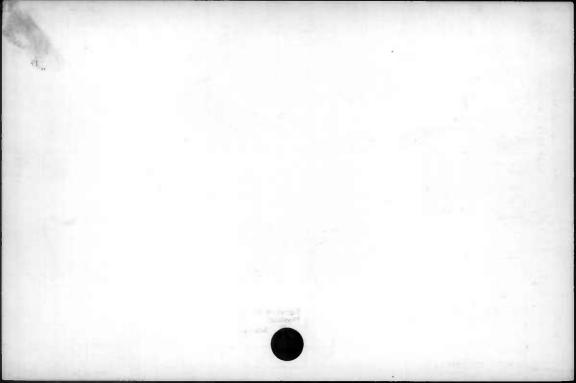
	1.	0 1	1 0	11	· 11 plousy	sieg From	
link	Town	Body	us h	neft de	LECC CENT	IFICATE OF DEATH	
Died at		•				MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days	
Sax		Color or Raca			Birth- place		
Occupation .							
Married, Single or Widowed		Name of Wife Husband	or				
Father's Name					Father's Birthplace		
Mother's Maiden Name							
Name of person giving Information					How related to deceased		
		CAU	SES OF	DEATH			
Primary					How long		
Immediate					How long		
Ara the name, aga, and piece correctly	sax, color, date given above?						
				Address			
Accident or Suicide	Accident or Suicide					FICE SUPPLY CO. 2364	
	Died at  Date of death 190  Sax Occupation  Married, Single or Widowed  Father's Maiden Name  Name of person give Information  Primary  Immediate  Ara the name, aga, and plece correctly	Date of death 190  Sax Occupation  Married, Single or Widowed Father's Name Mother's Maiden Name Name of person giv ng Information  Primary  Immediate Ara the name, aga, sax, color, date and plece correctly given above?	Date of death 190  Sax Color or Raca Occupation  Married, Single or Widowed Name of Wife Husband  Father's Name Mother's Maiden Name Name of person giving Information  CAUS  Primary  Immediate Ara the name, aga, sax, color, date and plece correctly given above?	Date of death 190  Sax  Color or Raca  Occupation  Married, Single or Widowed  Father's Name  Mother's Maiden Name  Name of person giv ng Information  CAUSES OF  Primary  Immediate  Ara the name, aga, sax, color, date and plece correctly given above?	Date of death 190  Sax  Color or Raca  Occupation  Married, Single or Widowed  Father's Name  Mother's Maiden Name  Name of person giv ng Information  CAUSES OF DEATH  Primary  Immediate  Ara the name, aga, sax, color, date and plece correctly given above?  Address	Died at  Date	



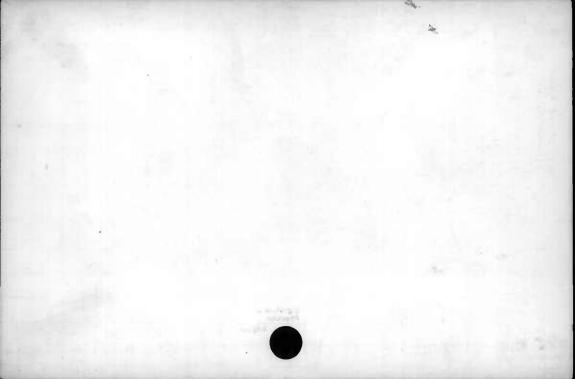
Name in Full	Inch?	now	n 19	Pady : Par	Methodis	CATE DEATH		
1 011	Town Died at			County MARYLAND				
>	Date of death 19	Month	Day	Age	Months	Days		
TO BE ANSWERED BY NEAREST FRIEND	Sex		Color or Race		Birth- place	Birth- place		
	Occupation			Where Residing If not at plece of death				
	Married, Single or Widowed		Name of Wite of Husbend	or .				
	Father's Name				Father's Birthplece			
	Mother's Maiden Neme				Mother's Birthplace			
	Name of person giving In formation				How related to deceased			
			CAU	SES OF DEATH				
	Primery				How long			
SICIAN	Immediate		,		How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Signature of Physician			
PHO					Address			
	Accident or Suicio	de?						
	THE RESIDENCE OF THE PARTY.				, LIBRARY BUS	REAU ABBELS		



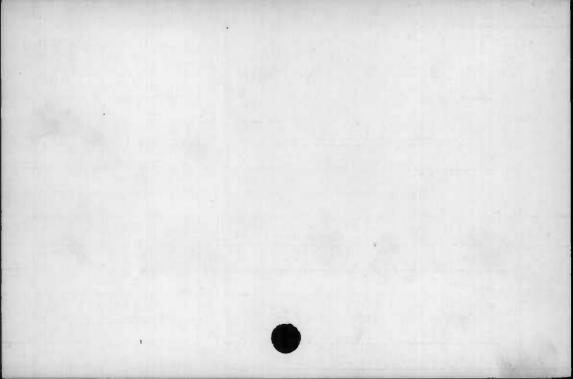
Name in Full	antison	Bod	y in Col. Bur	my wing GCERTIN	The dist	
185	Town Died at		County	19	MARYLAND	
B <	Date Month of death 190	Day	Age	Months	Days	
0	Sex	Color or Race		Birth- place		
5	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife Husband				
TO BE	Father's Name			Father's Birthplace		
	Mother's Maiden Name	Mother's Birthplace				
	Name of person giving Information	How related to deceased				
		CAUS	ES OF DEATH			
	Primary			How long		
PHYSICIAN R CORONER	Immediete			How long		
YSIC	Are the name, age, sex, color, date and place correctly given above?		Signeture of Physician	of		
9 E			Address			
	Accident or Suicide			OFFI	CE SUPPLY CO. 2364	



Name in Full	Unkaon	Body	Burielies	methotist NE	CATE OF DEATH	
	Town Died at	7	County	M	ARYLAND THE	
<u>&gt;</u>	Date of death 190	Day	Age	Months	Days	
VERED E	Sex	Color or Race		B:rth- place		
SWE T	Occupation		Where Residing if not at place of death			
BE ANSV	Married, Single or Widowed	Name of Wife Husband	10			
TO BE ANSWERED BY	Father's Name			Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace			
	Name of person giving Information			How related to deceased		
		CAUS	SES OF DEATH			
	Primary			How long		
ANONER	Immediate			How long		
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
O R O			Address			
	Accident or Suicide			OFFICE	SUPPLY CO. 2364	



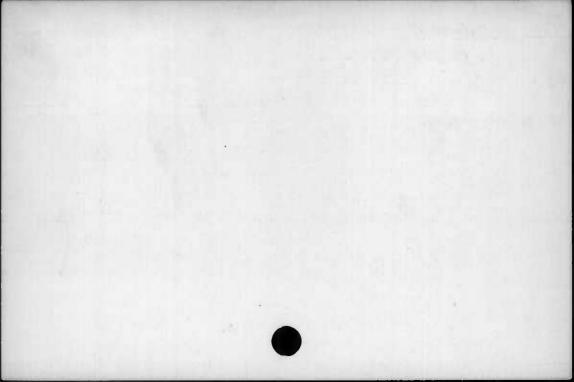
Died		Town	/	Coun	ty	Busy CERTIFICATE OF DEAT		
Da:	ate death 19	Month	Day	Age	Mor	nths	Days	
Sex			Color or Race		Birth- place			
	cupation			Where Residing If not at place of death				
or W	ried, Singla Vidowed		Name of Wile or Husband					
Fati Nan	ther's me				Father's Birthplace			
	ther's uden Name	THE E			Mother's Birthplace			
Nar In I	me of person givin formation	ıg		How related to deceased				
			CAU	SES OF DEATH	]			
Prin	mary				How long			
Imi	mediate				How long	How long		
	Are the name,age,sex,color.date and place correctly given above?			Signature of Physician				
OR				Address				
	cident or Suicide?	HH			14361			



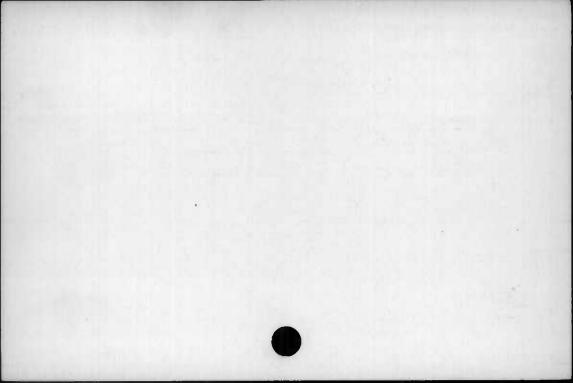
NAME In Full	1100 1000000000000000000000000000000000					
Pilli	Died at Lagars w	in	Washing	tin	MARYLAND	
	DATE Month of death 19	Day	Years Age	Months	Days	
VERED BY	Sex	Color or Race	lorad	Birth- place	- 2	
>	Occupation		Where Residing if not at place of death		9	
	Married, Single or Widowed	Name of Wife or Husband	_		8.	
TO BE	Father's Name	vur		Father's Birthplace	snoon	
	Mother's Maiden Name	( A		Mother's Birthplace	. 7.	
	Name of person giving Information	1. Frel		How related to deceased	re 1	
		CAUSES	OF DEATH		41	
	Primary			How long	1	
NER	Immediate			How long	4	
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
PH ORO			Address		X	
	Accident or Suicide?					
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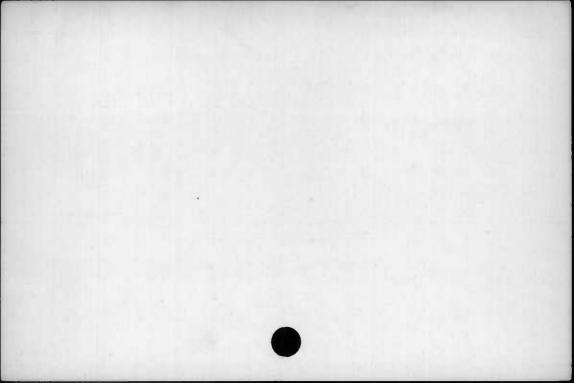
in Full	momme			CE	RTIFICATE OF DEATH
	Died at Hayusto	ne	Was fin	a chr.	MARYLAND
	DATE Month of death 19	Day	Years	Months	Days
VERED BY	Sex	Color or Race	oliva de	Birth- place	-8
>	Occupation		Where Residing if n at place of death	ot	8.
	Married, Single or Widowed	Name of Wife Hushand	or		1
TO BE	Father's Unknym	ne		Father's Birthplace	
	Mother's Malden Name	11		Mother's Birthplace	-1
	Name of person giving Information	12In	How related to deceased		
		CAUS	SES OF DEATH	7	34
	Primary			How long	6
Z H Z	1mmediate			How long	8
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		76.
P G RO			Address		
	Accident or Suicide?				
				LIBRAI	RY BUREAU A00516



NAME In Full	Ankumm		W.V		CERTIFICATE OF D	EATH
	Died at Hausk	in	Was the	uline	MARYLAND	
Α	DATE Month of death 19	Day	Years	Months	Day	8
0	Sex	Color or Race	livail	Birth- place	2	
>	Occupation		Where Residing If not at place of death		2	
LL.	Married, Single or Widowed		- 6	•		
TO BE	Father's Mughin	m		Father's Birthplace		
	Mother's Maiden Name	1)		Mother's Birthplace	-	
	Name of person giving Information	2 Ind	2	How related to deceased		
		CAUSES	OF DEATH		A	
	Primary			How long	Ä	
N N	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		1	
g 8			Address			1
	Accident or Suicide?					
					ISRARY SUREAU ASSSIS	



NAME In Full	Unknown			CERTII	FICATE OF DEATH	
	Died at Hagarsh	ine	Was hung	wighi MARYLAND		
	DATE / Month of death 19	Day	Years /	Months	Days	
ANSWERED BY	Sex Occupation	Color or Race	olived Where Residing if not	Birth- place	- 8	
			at place of death		7	
	Married, Single or Widowed	Name of Wife of Husband	00		4.	
TO BE	Father's Mame	n		Father's Birthplace	1	
	Mother's Maiden Name	//		Mother's Birthplace	7.	
	Name of person giving Information	Ind		How related to deceased	- 1	
		Caus	ES OF DEATH		1/ X	
	Primary			How long	1/4	
N N N	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
g &			Address		X	
	Accident or Suicide?					
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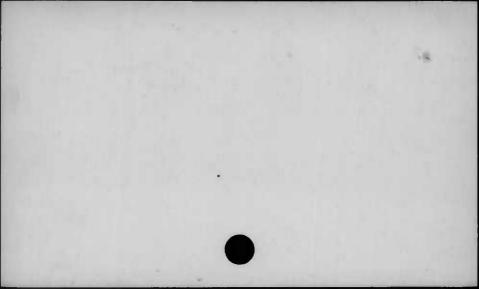
NAME	7/				
Full	MARMAM		^	a CI	ERTIFICATE OF DEATH
	Jown _	-	County	1 - 1	
	Died at WOUN WW	N	1 / ashine	eyly !	MARYLAND
	DATE Month of death 19	Day	Years	Months	Days
m _	or death 19	1	AGE		
	Sex —	Color or Race	H179.0	Birth- place	- 79
ANSWERED	Occupation	(00)	Where Residing if not at place of death		7
BE ANS	Married, Single or Widowed			0 6	
N N	Father's Name TM Russum			Father's Birthplace	Terrons.
	Mother's Maiden Name	4	Mother's Birthplace	7 1	
	Name of person giving Information			How related to deceased	bue )
		CAUSE	ES OF DEATH .		7.
	Primary			How long	3
PHYSICIAN OR CORONER	Immediate			How long	1
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		X
			Address		
	Accident or Suicide?				
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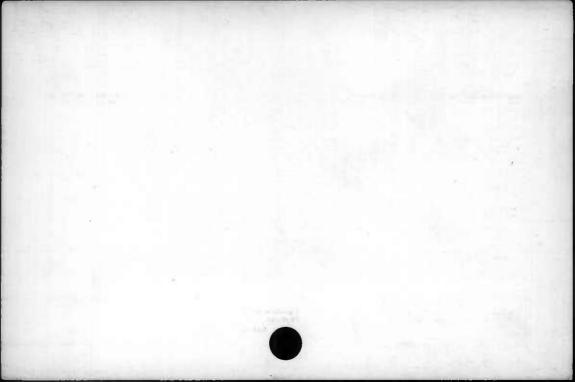
in Full	Unknown			650	TIFICATE OF DEATH
1 411	Died at Hagerstown Was might			MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	DATE Month of death 19	Day —	Years Age	Months	Days
	Sex	Color or Race	Colored	Birth- place	1
	Occupation		Where Residing if not at place of death	_	8
	Married, Single or Widowed	Name of Wife Husband	or	1	0 4.
	Father's Not known			Father's Birthplace	Ruvar
	Mother's Maiden Name			Mother's Birthplace	4 / 2
	Name of person giving Information			How related to deceased	me
		CAUS	SES OF DEATH		21
PHYSICIAN OR CORONER	Primary			How long	1
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		2
			Address		X
	Accident or Suicide?				
				LIBRARY	BUREAU ASES15

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Certificate of Death Name in Full Month White Female Colored Single Number of children living Husband Wife Mother's Father's Cause of Death Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79706



Name Full CERTIFICATE OF DEATH MARYLAND Month Day Months Days Date Age of death 190 TO BE ANSWERED BY FRIEND Color or Where Residing if not at place of death NEAREST Married, Single Name of W.fe or or Widowed Husband Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace 4 Name of person giving How related Information to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date and place correctly given above? Signature of Physician Address 9 Accident or Suicide OFFICE SUPPLY CO 2364



Certificate of Death Husband Wife Father's Name Cause of Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898

Attended by Dr.	***************************************						
of							
Seen by Coroner							
of		***************************************					
Information contained in this certificate received							
from Um	7						
of 2020	man	1 linn	a St.				